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01-25-1

A/RE

PTO/SB/50 (08-00)

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## REISSUE PATENT APPLICATION TRANSMITTAL

01-24-01  
U.S. PTO  
01-25-1  
6800  
9900

Address to:

Assistant Commissioner for Patents  
Box Reissue  
Washington, DC 20231

|                                                |                  |
|------------------------------------------------|------------------|
| Attorney Docket No.                            | TRM DV2412 RE    |
| First Named Inventor                           | Rheindlander     |
| Original Patent Number                         | 5,863,064        |
| Original Patent Issue Date<br>(Month/Day/Year) | January 26, 1999 |
| Express Mail Label No.                         | EL570816240US    |

APPLICATION FOR REISSUE OF:  Utility Patent  Design Patent  Plant Patent  
(Check applicable box)

## APPLICATION ELEMENTS (37 CFR 1.173)

- Fee Transmittal Form (PTO/SB/56)  
(Submit an original, and a duplicate for fee processing)
- Applicant claims small entity status. See 37 CFR 1.27.
- Specification and Claims in double column copy of patent format (amended, if appropriate)
- Drawing(s) (proposed amendments, if appropriate)
- Reissue Oath/Declaration (original or copy)  
(37 C.F.R. § 1.175) (PTO/SB/51 or 52)
- Original U.S. Patent currently assigned?

Yes  No

(If Yes, check applicable box(es))

Written Consent of all Assignees (PTO/SB/53) to follow  
 37 C.F.R. § 3.73(b) Statement  Power of Attorney to follow  
(PTO/SB/96) to follow

## ACCOMPANYING APPLICATION PARTS

- Statement of status/support for all changes to the claims. See 37 CFR 1.173 (c).
- Original U.S. Patent for surrender
  - Ribboned Original Patent Grant
  - Statement of Loss (PTO/SB/55)
- Foreign Priority Claim (35 U.S.C. 119) (if applicable)
- Information Disclosure Statement (IDS)/PTO-1449  Copies of IDS Citations
- English Translation of Reissue Oath/Declaration (if applicable)
- Preliminary Amendment
- Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
14. Other: .....

## 15. CORRESPONDENCE ADDRESS

Customer Number or Bar Code Label 26812 or  Correspondence address below  
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|                      |                    |                                   |              |
|----------------------|--------------------|-----------------------------------|--------------|
| NAME<br>(Print/Type) | Steven J. Grossman | Registration No. (Attorney/Agent) | 35,001       |
| Signature            |                    |                                   | Date 1-24-01 |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Reissue, Washington, DC 20231.

**CERTIFICATE OF MAILING BY "EXPRESS MAIL" (37 CFR 1.10)**Applicant(s): **Rheinlander et al**

Docket No.

**TRM DV2412 RE**

Serial No.

Filing Date

**January 24, 2001**

Examiner

Group Art Unit

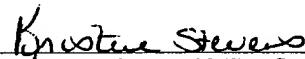
Invention: **Skin for Automotive Air Bag Cover Panel Formed By Casting Different Plastic Materials**

jc918 U.S. PRO  
09/168635  
01/24/01

I hereby certify that this **REISSUE PATENT APPLICATION***(Identify type of correspondence)*

is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under

37 CFR 1.10 in an envelope addressed to: The Assistant Commissioner for Patents, Washington, D.C. 20231 on

**January 24, 2001***(Date)***EL570816240US***(Typed or Printed Name of Person Mailing Correspondence)**(Signature of Person Mailing Correspondence)***Kristine Stevens***("Express Mail" Mailing Label Number)***Note: Each paper must have its own certificate of mailing.**

## REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)  
TRM DV2412 RE

## Claims as Filed - Part 1

| Claims in Patent |                                        | Number Filed in Reissue Application | (3) Number Extra           | Small Entity |        | Other than a Small Entity |            |
|------------------|----------------------------------------|-------------------------------------|----------------------------|--------------|--------|---------------------------|------------|
|                  |                                        |                                     |                            | Rate         | Fee    | Rate                      | Fee        |
| (A) 51           | Total Claims<br>(37 CFR 1.16(j))       | (B) 106                             | **** 55 = x \$ ____ =      | or           |        | x \$ 18 =                 | 990.00     |
| (C) 2            | Independent claims<br>(37 CFR 1.16(i)) | (D) 4                               | * 0 = x \$ ____ =          |              |        | x \$ 80 =                 | -0-        |
|                  |                                        |                                     |                            |              |        |                           | \$ 710.00  |
|                  |                                        |                                     | Basic Fee (37 CFR 1.16(h)) |              | \$ 710 |                           |            |
|                  |                                        |                                     | Total Filing Fee           |              | \$     | OR                        | \$ 1700.00 |

## Claims as Amended - Part 2

|                                     | (1) Claims Remaining After Amendment |       | (2) Highest Number Previously Paid For | (3) Extra Claims Present | Small Entity         |     | Other than a Small Entity |     |
|-------------------------------------|--------------------------------------|-------|----------------------------------------|--------------------------|----------------------|-----|---------------------------|-----|
|                                     |                                      |       |                                        |                          | Rate                 | Fee | Rate                      | Fee |
| Total Claims<br>(37 CFR 1.16(j))    | ***                                  | MINUS | **                                     | * =                      | x \$ ____ =          |     | x \$ ____ =               |     |
| Independent Claims (37 CFR 1.16(i)) | ***                                  | MINUS | *****                                  | =                        | x \$ ____ =          |     | x \$ ____ =               |     |
|                                     |                                      |       |                                        |                          | Total Additional Fee | \$  | OR                        | \$  |

\* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

\*\* If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

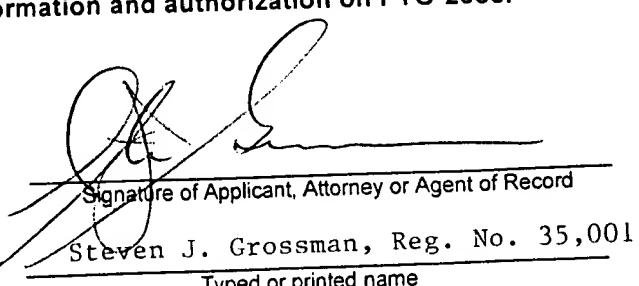
\*\*\* After any cancellation of claims.

\*\*\*\* If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

\*\*\*\*\* "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

 Applicant claims small entity status. See 37 CFR 1.27. Please charge Deposit Account No. \_\_\_\_\_ in the amount of \_\_\_\_\_  
A duplicate copy of this sheet is enclosed. The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 08-1391  
A duplicate copy of this sheet is enclosed. A check in the amount of \$ \_\_\_\_\_ to cover the filing / additional fee is enclosed. Payment by credit card. Form PTO-2038 is attached.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

1 - 24 - 01  
Date


Signature of Applicant, Attorney or Agent of Record  
Steven J. Grossman, Reg. No. 35,001  
Typed or printed name